

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20060**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <b>Johnson.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson. 21</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg.</b>		c. LENGTH OF STAY (in this place) <b>29 yrs.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>none 312 Grover St.</b>		d. STREET ADDRESS (If rural, give location) <b>312, Grover.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ora</b>	b. (Middle) <b>Ella</b>	c. (Last) <b>Miller.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July. 2, 1949</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug. 3, 1865</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (State or foreign country) <b>Ronoake. Va.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Daniel C. Moomaw</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Crumpacker.</b>	14. NAME OF HUSBAND OR WIFE <b>Frank Miller.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Todd.</b>	ADDRESS <b>Warrensburg. MO</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Warrensburg. Johnson. Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>
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22. I hereby certify that I attended the deceased from May, 1949, to 7-2- 1949, that I last saw the deceased alive on 6-25- 1949, and that death occurred at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. F. McKinney M.D.</b>	23b. ADDRESS <b>Warrensburg Mo</b>	23c. DATE SIGNED <b>7-5-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5, July, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Warrensburg, MO.</b>
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DATE REC'D BY LOCAL REG. <b>July 5, 1949</b>	REGISTRAR'S SIGNATURE <b>Savannah Cutchfield</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney Phillips.</b>	ADDRESS <b>Warrensburg. MO.</b>
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RECEIVED  
JUL 12 1949  
JOHNSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*J. Earl Priest*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.